

Fire Department Contact Information	
* Fire Department Name	
* Parish	
* Physical Address	
* Physical City	
* Physical Zip	
* Mailing Address	
* Mailing City	
* Mailing Zip	
Emergency Dispatch Phone (include area code) <small>(This is a phone number that is manned 24 hours 365 days. If it is your local 911, then include an administrative line that can be contacted from elsewhere. RESPONSE IS <u>NOT</u> 911)</small>	
* Primary Department Phone	
* Secondary Department Phone	
* Department Fax	
* Fire Department Website Address	
* Fire Department Email Address	
Primary Contact Name (Chief)	
Primary Contact 24/7 Phone Number	
Primary Contact Email	
Secondary Contact Name	
Secondary Contact 24/7 Phone Number	
Secondary Contact Email	

Fire Department Characteristics	
* Department Type (check one)	<input type="checkbox"/> Career <input type="checkbox"/> Volunteer <input type="checkbox"/> Combination
* Does this agency maintain a fire prevention bureau? (check one)	<input type="checkbox"/> YES <input type="checkbox"/> NO
The following counts should include the totals for the entire agency. Some persons may be counted more than once depending on their assigned duties or job descriptions. Include all fire service that is associated with the agency.	
Total Fire Fighters	
Total Fire Fighters that are Certified	
Total Career Fire Fighters	
Total Volunteer Fire Fighters	
Total Driver/Operators	
Total HazMat Technicians	
Total Medical First Responders	
Total EMT's	
Total Paramedics	

\* Information included in fields noted with an asterick will be included in the Louisiana Fire Department Directory.

**All fields MUST be completed.**

**Documentation from your local governing body (city or parish) which shows that your department is recognized as a viable fire department within that city/parish MUST be included with application submittal.**

Completed applications along with supporting documentation may be submitted via postal delivery, email or fax.

Louisiana State Fire Marshal 8181 Independence Blvd. Baton Rouge, LA 70806 ATTN: LFIRS-FDID Application FAX: 225-925-4593 EMAIL: cindy.gonthier@dps.la.gov